

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2005  
Secretary of State**

DOCUMENT# N03000009144

Entity Name: SOMERSET AT ABACOA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2600 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 20-0934746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C. JASON MCARTHUR  
2600 NORTH MILITARY TRAIL  
SUITE 100  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: C. JASON MCARTHUR,  
Address: 2600 NORTH MILITARY TRAIL #100  
City-St-Zip: BOCA RATON, FL 33431

Title: VTD ( ) Delete  
Name: KUBIN, DAVID T  
Address: 2600 NORTH MILITARY TRAIL #100  
City-St-Zip: BOCA RATON, FL 33431

Title: SD ( ) Delete  
Name: JESSEE, TIA  
Address: 2600 NORTH MILITARY TRAIL #100  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH VOLLERO

CAO

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date